LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE (PPC)
A Select Committee of the Commission on HIV Health Services
600 South Commonwealth Avenue, 6th Floor•Los Angeles CA 90005-4001

MEETING SUMMARY
Thursday, January 6, 2005
1:00 PM - 5:00 PM
St. Anne's Maternity Home - Foundation Conference Room
155 N. Occidental Blvd.-Los Angeles, CA 90026

MEMBERS PRESENT		ABSENT
Jeff Bailey	Mario Perez*	David Giugni
David Giugni	Chi-Wai Au*	Edward Clarke
Sergio Avina	Jose Roberto Barahona*	
Diane Brown*	Richard Browne*	
Gordon Bunch	Manuel Cortez	
Jeffrey King	Elizabeth Mendia	
Veronica Morales	Ricki Rosales*	
Rose Veniegas	Kathy Watt	
Freddie Williams	Richard Zaldivar*	

* Denotes present at one (1) of the roll calls

OAPP STAFF PRESENT
Elizabeth Escobedo Mike Kerr John Mesta Marcha Stevenson
Cheryl Williams

I. ROLL CALL
Roll call was taken.

II. COLLOQUIA PRESENTATION
The January, 2005 Colloquia Presentation titled Coordinated Prevention Networks in Los Angeles: A Summary of Successes and Challenges was presented by Luis Lopez, AltaMed – SPA 7, Carolynn Martin and DelVaughn Walker, Minority AIDS Project – SPA 6, Jill Rotenberg, JWCH Institute, Inc. – SPA 4 and Teresa Ayala-Castillo, City of Long Beach - SPA 8. Copies of the presentation are on file.

The goal of the Coordinated Prevention Networks (CPNs) in Los Angeles County is to increase coordination of diverse multiple morbidity prevention services for HIV/AIDS, STD, tuberculosis and substance abuse. Four networks, composed of numerous partner agencies, have established uniform data collection, linked referral procedures and multiple morbidity services in Service Planning Areas (SPAs) 4, 6, 7 and 8. The lead agencies for these networks are JWCH Institute, Inc. in SPA 4, Minority AIDS Project in SPA 6, AltaMed in SPA 7, and the City of Long Beach in SPA 8. All CPNs were funded by the Centers for Disease Control and Prevention (CDC) and the Los Angeles County Office of AIDS Programs and Policy to develop standard operating procedures, shared client data collection systems, and to present their lessons learned to stakeholders. Each of the four lead agencies described their efforts to build the CPNs, their successes and challenges, and their lessons learned in the final year of implementation.

Jill Rotenberg, JWCH Institute, Inc. – SPA 4 stated the primary focus in SPA 4 has been the downtown skid row area. The downtown skid row area is home to over 10,000 homeless individuals and carries more than 40% of the HIV disease burden in Los Angeles County. The goal was to develop and maintain a coordinated network of services to reduce the health outcome disparities for HIV,

Tuberculosis (TB), Sexually Transmitted Diseases (STD's), Hepatitis C Virus (HCV) and Substance Abuse. Some of the deliverables of the project consisted of:

- Engaging 20 health/social service agencies that entered into Memorandum of Understanding (MOU) to participate in the network.
- Developed CPN policies and procedures
- Developed CPN staff training on co-morbidities
- Coordination and provision of multiple morbidity screening and education
- Capacity building assistance for uniform collection, management and reporting of data
- Health stations with co-morbidity prevention messages, linkages and referrals for services in SPA 4.

There was a slide in the handout showing the Service Planning Area Map indicating the various counties and information about the disease burden in SPA 4, highlighting based on gender, ethnicity, and disease exposure category around HIV disease burden. A list of partners in prevention based on morbidity is:

HIV/AIDS
BAART Beverly & Hollywood
JWCH Institute, Inc.
County of L.A. DHS, Central Health Clinic
Downtown Women's Center
Homeless Health Care Los Angeles
Rand Schrader Clinic, Unit 5P21
County of L.A. DHS, Early Intervention Clinic @ Weingart
Los Angeles Mission Community Clinic
UCLA School of Nursing Clinic at the Union Rescue Mission
Prototypes
Homeless Outreach Program

HCV
BAART Beverly & Hollywood
Homeless Health Care Los Angeles
JWCH Institute, Inc.
Los Angeles Mission Community Clinic
UCLA School of Nursing Clinic at the Union Rescue Mission

Other
LAMP Community (Mental Health)
Prototypes (Outreach/Education)
SRO Housing Corporation
Skid Row Housing Trust
Transition House
Weingart center (Housing)

Tuberculosis
American Lung Association
BAART Beverly & Hollywood
JWCH Institute, Inc.
Homeless Health Care Los Angeles
County of Los Angeles Tuberculosis Control Program
County of L.A. DHS, Central Health Clinic
Los Angeles Mission Community Clinic
UCLA School of Nursing Clinic at the Union Rescue Mission

STD's
JWCH Institute, Inc.
County of Los Angeles, DHS Central Health Office
County of Los Angeles STD Program
Homeless Health Care of Los Angeles
Los Angeles Mission Community Clinic
UCLA School of Nursing Clinic at the Union Rescue Mission

Substance Abuse
BAART Beverly & Hollywood
County of Los Angeles Alcohol and Drug Program Administration
Homeless Health Care Los Angeles

6 health stations were developed, 3 standing kiosks standing units were installed at six different locations in the skid row area. Through an 18-month period of time, 12,500 intake forms were completed and over 3,500 satisfaction surveys were completed.

CPN Successes

- Process of pulling an effective network together with the presence of five County entities at the table.
- Installation of six health stations; collection of client level data; resources/referrals for clients of network partners.
- Trainings on co-morbidities and full day educational conference.
- Development of a CPN policies and procedures manual.

- Regular meetings of health stations, evaluation, policies and procedures, and education subcommittees.

CPN Challenges
- Consistency and Continuity of agency participation
- Agency Buy-in (What's in it for me?)
- Delay in approval process for uniform client level data tool, Network Partner Assessment Survey
- Identifying appropriate, accurate data around co-morbidity rates in Los Angeles County
- Integration with Service Provider Network

Lessons Learned
- Process of developing network is paramount for future success.
- Getting participants on the same page (buy in, reducing duplication of service, increasing access to care).
- Necessity for cross training on the co-morbidities.
- Sharing of referrals, networking, linkages essential amongst network providers.
- Approval process is lengthy.

Carolynn Martin, Minority AIDS Project – SPA 6 stated the objective of the CPN is to develop and maintain a coordinated prevention network: to increase access to services, to reduce health outcome disparities for HIV, STDs, Tuberculosis, and Substance Abuse and to coordinate uniform assessments and data collection system in SPA 6 of Los Angeles County. Some of the CPN deliverables included: 48 presentations for the community to discuss services offered by CPN, three lessons learned presentations, distribute 10,000 flyers and 1,000 posters relative to the services of the CPN, six press releases for local newspapers (so that people in the community would know the type of services provided), monthly meetings, and co-morbidity training for staff. The subcontractors of prevention services were: Unity Fellowship of Christ Church, OASIS Clinic, First to Serve, Inc., Ruth Temple Health Center, South Health Center and T.H.E. Clinic.

Some of the members are: Watts Health Care, Children's Hospital, MAP Harm Reduction Needle Exchange Program, KUUMBA (Women's Project for Substance Abuse) Project, Love Lifted Me, A New Way of Life, AADAP, Spectrum-Passport to Care, Working Alternatives, House of Faith, Slauson Village Society and His Sheltering Arms. Some of the CPN Efforts in Prevention were: CAPTAIN Systems, and built the network on a generalist model. Some of the outreach efforts were: National HIV/AIDS Testing Day, National Black HIV/AIDS Awareness Day, Africanology, Latino Heritage Day, Gospel of Crowns, Youth Bonfire and Slauson Village Society.

CPN Successes
- Development of the CAPTAIN System (for data collection and which provides a breakdown on the statistics for clients at the point of data entry)
- Built Network and Community Commitment with more than 30 providers
- The data base contains 885 clients and over 1976 referrals
- Partner surveys with Memorandum of Understandings (MOUs)
- Successful in tracking over 100 clients

MAP is in the process of determining the site for the health station. The following have been suggested as sites: Department of Public Social Services, Watts Health Care, the MLK Shopping Center or a WIC Office.

CPN Challenges
- Consistency and continuity of agency participation
- Agency buy-in (what's in it for me?)
- Delay in approval process for uniform client level data tool, Network Partner Assessment Survey
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- Integration with Service Provider Network

Lessons Learned

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- Getting participants on the same page (buy-in, reducing duplication of service, increasing access to care).
- Necessity for cross training on the co-morbidities.
- Sharing of referrals, networking, linkages essential amongst network providers.
- Approval process is lengthy.

Luis Lopez, AltaMed Health Services – SPA 7 stated the mission statement of the SPA 7 CPN is to partner with community agencies to provide referrals, screening, and treatment for HIV/AIDS, Tuberculosis (TB), Sexually Transmitted Diseases (STDs), Hepatitis C and Substance Abuse. The objective of the SPA 7 CPN is:

- Increase access to risk-reduction and care services.
- Reduce health outcome disparities for multiple morbidities.
- Develop uniform assessment, referral, and data collection systems.
- Provide a safe environment for individuals to address care and prevention needs to enhance the quality of services.

Some of the member agencies are: AltaMed Health Services, ALMA Family Services, Behavioral Human Services (BHS), Bienestar Human Services, Community Assessment Service Center (Boyle Heights), Community Assessment Service Center (Pico Rivera), Family Outreach & Community Intervention Services (FOCIS), Los Angeles Centers for Alcohol and Drug Abuse (LACADA), L.A. Shanti, MELA Counseling Services Center, Mariposa Recovery Center, Plaza Community Center, Project Angel Food, Southern California Alcohol and Drug Programs (SCADP), Valley Community Hospital, Whittier Health Center (WHC), and Whittier Rio Hondo AIDS Project (WRHAP).

SPA 7 consists of four health districts (Bellflower, East Los Angeles, San Antonio and Whittier) and the population of SPA 7 is 1.3 million people. The ethnic breakdown is:

- 65% Latino
- 24% Caucasian
- 8% Asian/Pacific Islander
- 2% African American
- .7% American Indian/Alaskan native.

CPN Successes

- Bi-monthly meetings with 16 active participating member agencies
- Developed a linked Referral System with over 100 linked referrals
- Purchased five Health Stations with majority of sites identified
- Collaborated with OAPP and other CPN lead agencies to standardize Intake Information
- Developed an incentive plan with five components
- Assessed Network's current services and mapped out services

CPN Challenges

- Integration process
- Approval process
- Staff turnover
- Programming Issues (Health Stations and Client Data Forms/Screener Tool)
- Sustainability efforts

Lessons Learned

- Aggressive recruitment
- Role identification and participation for CPN members
- Linked Referral process (in-service and data management)
- Incentive structure added more cooperation, collaboration and commitment

Teresa Ayala-Castillo, City of Long Beach Department of Health and Human Services – SPA 8 stated the most difficult objective was the delivery of uniform data collection and the reporting of that data. Slides were presented on the SPA 8 disease burden. Some of the partners in prevention were: The Long Beach gay and Lesbian Center of Greater Long Beach, Being Alive Long Beach, AIDS Healthcare Foundation, Bienestar, South Bay Family Healthcare Center, Harbor/UCLA Medical Center, St. Mary Medical Center-C.A.R.E. Program and PMW Pharmacy for HIV services. For STD's, the partners in prevention are: California STD Control Branch, City of Long Beach Youth Health Education Division, and Curtis R. Tucker Health Center. For Tuberculosis, the partners are: City of Long Beach DHHS, Curtis R. Tucker Health Center and Torrance Health Center. For substance abuse, the partners are: Substance Abuse Foundation, Atlantic Recovery Services, Joint Efforts and Behavioral Health Services.

CPN Successes

- Building a collaborative of 16 agencies
- Capacity building opportunities
- Applied for and received the SPA 8 Service Provider Network Contract
- System level integration
- Began the development of a web based linkage and referral system
- Development of five bi-lingual Health Stations
- The completion of a comprehensive Needs Assessment
- Outreach to providers and MSM
- Presentations at National Conferences

CPN Challenges

- Negotiating of shared expectations between lead agency, OAPP and member agencies
- Sharing of information and linked referrals: web enabled systems are difficult to develop
- Challenges of using new technologies and integrating them across all four SPAs.

Lessons Learned

- Openness, responsiveness and flexibility are crucial to the success of the network.
- It is critical to begin with a shared vision and path.
- Working with the private corporations: it's a different world!

COMMENT: (Rose Veneigas) For any of the newly contracted prevention service providers in the audience, your contract probably has requested that you participant in the Service Provider Network; any of our presenters can also tell you about the Service Provider Networks (SPNs), if you would like to talk to them after the meeting.

COMMENT: (Kathy Watt) Maybe, the SPN Lead Agencies could announce the meeting.

COMMENT: (Jill Rotenberg) To be determined for SPA 4. The CPN had been meeting monthly on the 4thThursday of each month at various agencies. With the integration of the Service Provider Network, we do not want to pick a date arbitrarily, we want to ensure the date is conducive to the new folks; but for right know, the meeting will be held on the 4th Thursday of each month at the JWCH Corporate Office. I can be contacted by email at jrotenberg@jwchinstitute.org and I will leave some business cards so you may contact me.

COMMENT: (Teresa Castillo-Ayala) The SPA 8 meetings are held on the 3rd Wednesday of the month. The next meeting is scheduled for January 19th at the Carson Community Center (801 E. Carson Street). The HIV Commission is scheduled to attend the next meeting to hold a SPA 8 forum to gather information for their Comprehensive Care Plan.

COMMENT: (Luis Lopez) SPA 7 meetings are held on the 4th Friday of each month at the AltaMed Health Services Corporate Office (500 Citadel Drive, Commerce).

COMMENT: (Del Vaughn Walker) SPA 6 SPN meetings are held the 2nd Tuesday of each month at 10:00 AM at the Watts Health Foundation.

QUESTION: (Jeffrey King) It appears there is a focus on standardizing the referral link process, what are some of the barriers to the standardization of the link referral process?
ANSWER: (Luis Lopez) Even to date, I don't think we have figured out how to track data between SPAs. Over the past 3 years, we have all been working on how to track data within our own SPA. Today, in the County of Los Angeles, at least not through this system; we cannot track if a client goes from one SPA to another SPA, and capture that data and report to a central source. That would be another level and I do not know if it is the county's interest to go in that direction.
COMMENT: (Teresa Ayala-Castillo) For us the challenge has been that different agencies have different contracts and different reporting requirements so trying to capture all of the data for every single project that are held accountable to reporting at the end of the month has been a key challenge. With regards to OAPP, it was a challenge to find what things they wanted captured to report back to the CDC.
As far as other reporting systems, EXAMPLE: HIRS, was discussed ¾ of the way into our program at that time all of the CPN's had embarked on a form of data collection, and then had to match that up with HIRS, which was also being developed on a completely different level, was something that we did not expect which came up at the last minute that we had to deal with.
COMMENT: (Carolynn Martin) in SPA 6, we have the capability to track our clients outside of SPA 6 with the CAPS system. If someone from another SPA were a member of our network, they would have access through an identification code or password.

Dr. Rose Veniegas thanked the presenters.

Jeff Bailey, PPC Community Co-Chair, introduced and welcomed Jose Roberto Barahona representing the City of Pasadena Public Health Department to the PPC as a full voting member.

III. REVIEW/APPROVAL OF MEETING AGENDA

The draft meeting agenda for January 6, 2005 was reviewed and approved by consensus.

IV. REVIEW/APPROVAL OF DECEMBER 2, 2004 MEETING SUMMARY

The draft-meeting summary for December 2, 2004 was reviewed and approved by consensus without correction.

V. PUBLIC COMMENT

- Victor Martinez, Bienestar Human Services, acknowledged the PPC for recognizing and acknowledging Transgender as a Behavioral Risk Group (BRG) and expressed concern regarding the loss of funding to Bienestar Human Services for HIV prevention services for Transgendered individuals. Mr. Martinez has requested the PPC review the allocation of funding for prevention services and to ensure transgender HIV prevention services continue in SPA 4.
- Noe Zuniga, Bienestar Human Services, announced Bienestar Human Services would no longer offer transgender services in SPA 4 and request the support of the PPC to look at the outcome of the RFP for prevention services and to requested transgender services are provided.
- Scott Campbell, Midtown SPA, announced the County of Los Angeles has decided to no longer fund the Commercial Sex Venue (CSV) Initiative at AIDS Project Los Angeles (APLA). There is a new Commercial Sex Venue Initiative Law passed by Los Angeles County, which will require employees to be trained in HIV, drug abuse and alcohol abuse. One of the providers was told they can no longer use county dollars to provide HIV testing at the sex clubs. For over 1½ weeks, I have been sending emails and making phone calls to determine if this is true. My question is, if the county thinks there is a big enough problem in the sex clubs/bath houses to pass an ordinance, how can they say for the next six months there will be no testing? Today, Supervisor Yaroslavsky responded, this is true.
- Brenda Gomez, Community Member, HIV+ transgender individual requested the PPC review the allocation of funding for prevention services and to ensure transgender HIV prevention services continue in SPA 4.
- Luisa Maria Rivera, Community Member, requested the PPC review the allocation of funding for prevention services and to ensure transgender HIV prevention services continue in SPA 4.

- Alejandra Larines, Bienestar Human Services, requested the PPC review the allocation of funding for prevention services and to ensure transgender HIV prevention services continue in SPA 4.
- Vanessa Anzaldo, Community Member, requested the PPC review the allocation of funding for prevention services and to ensure transgender HIV prevention services continue in SPA 4.
- Bamby Salcedo, Community Member, requested the PPC review the allocation of funding for prevention services and to ensure transgender HIV prevention services continue in SPA 4.
- Alexis, Community Member, requested the PPC review the allocation of funding for prevention services and to ensure transgender HIV prevention services continue in SPA 4.
- Derek Murray, Community Member, requested the PPC review the allocation of funding for prevention services and to ensure transgender HIV prevention services continue in SPA 4.
- Richard Hamilton, Minority AIDS Project, expressed his concerns regarding the recent funding of HIV Prevention Services and Los Angeles County and announced the National Black HIV/AIDS Awareness Day is scheduled for February 7th; however, Los Angeles County will be celebrating for the week with various events. For additional information, contact Richard Hamilton, MAP, at (323) 936-4949 X 134.
- Kristi Nielsen, LBGT Liaison for L.A.P.D. requested the PPC review the allocation of funding for prevention services and to ensure transgender HIV prevention services continue in SPA 4.
- Maria Roman, Community Member, requested the PPC review the allocation of funding for prevention services and to ensure transgender HIV prevention services continue in SPA 4.
- Jalia Bettcher, Professor at California State University – Los Angeles and Community Member, requested the PPC review the allocation of funding for prevention services and to ensure transgender HIV prevention services continue in SPA 4.
- Vicky Ortega, Community Member, requested the PPC review the allocation of funding for prevention services and to ensure transgender HIV prevention services continue in SPA 4.
- Michelle Morales, APAIT, announced training in Orange County on February 3rd and 4th for individuals new to the community planning process. Applications are available at APAITONLINE.org.

VI. BREAK

VII. HIV/EPI PRESENTATION – INTRODUCTION TO INJECTION DRUG USERS (IDU) BEHAVIORAL SURVEILLANCE STUDY

Trista Bingham and Nina Harawa presented a Power Point presentation titled, Implementation of the National Behavioral Surveillance System to Monitor HIV Risk Behaviors in Los Angeles County. A copy of the presentation is on file. The objectives of the presentation were: What is behavioral Surveillance?, List of the Center for Disease Control and Prevention (CDC) goals for a National HIV Behavioral Surveillance System (NHBS), preliminary results of MSM cycle and describe NHBS methods for IDU cycle.

What is "Behavioral Surveillance?"

- System used to focus and improve the response to the HIV epidemic
- Ongoing collection of behavioral risk data
- Tailored to the county or sub-population experiencing the HIV epidemic
- Well established in other countries

Goal of Behavioral Surveillance

- Better understand trends over time
- Better understand behaviors driving the epidemic in a geographical area
- Focus on sub-populations at highest risk
- Flexible system that may shift over time
- Increase knowledge for planning HIV prevention and care

Other purposes

- Determine if changes in behaviors are associated with changes in rate of new HIV infections
- One manner for CDC to evaluate the effectiveness of their HIV prevention dollars

National efforts to control HIV/AIDS

- CDC's HIV Prevention Strategic Plan through 2005 specifies a reduction in the annual number of HIV infections in the United States.
- NHBS is one of four national plans to reduce the number of new infections
  - Strengthen monitoring of HIV risk behaviors
  - Will take place in 25 metropolitan statistical areas with the most living AIDS cases in 1999

The national sites funded for the NHBS are: Los Angeles, San Francisco, Chicago, Boston, New York City, Newark, Philadelphia, Baltimore, Las Vegas, Nassau-Suffolk, New Haven, New Orleans, Norfolk, Washington, D.C., Atlanta, Miami, Fort Lauderdale, Dallas, Houston, San Juan, Puerto Rico, Denver, Detroit, San Diego, Seattle and St. Louis.

The NHBS Los Angeles – Summary of methods

- Annual cross-sectional surveys
- Alternate behavioral risk groups (BRGs) annually
- Year 1 = Men who have sex with Men (MSM)
- Year 2 = Injection Drug Users (IDUs)
- Year 3 = High Risk Heterosexuals (HRH)

The MSM preliminary results are:

- Enrolled 1,775 in 12 months (609 tests)
- HIV prevalence: -20%
- Previous HIV+ result: 12%
- Unprotected anal sex (12 months): 42%
- Sex (12 months) with males/females: 13%
- Ever IDU: 5%
- Crystal meth. use (12 months): 13%

The specific plans for IDU cycle is:

- Target date for beginning data collection is February, 2005
- Planning stages
  - Train staff (4 interviewers)
  - Inform community
  - Form community advisory board
  - Conduct formative research

The Formative Research Process

- Venue Observations
  - Needle exchanges
  - Copping areas
- Interviews
  - Service providers
  - Law enforcement
  - Population members
- Participant Observation

Eligibility requirements are as follows:

- 18 years of age or older
- resident of Los Angeles County
- unique to the surveillance period (not have been surveyed for a year)
- injected illicit drugs in the past year
- speak English or Spanish

- self selection (can not volunteer) is prohibited.

The IDU sampling is Respondent-Driven Sampling (RDS). RDS is a chain-referral method similar to snowball sampling (starting with a few individuals to recruit other members of the population). This strategy is ideal for recruiting "hidden" or "difficult-to-reach" populations, which generates multiple "waves" of referrals that have been shown to generate a representative sample of the population. The RDS steps are:

1. 8 to 10 "seeds" are identified and interviewed.
2. Each willing seed is given training to recruit up to three other IDUs
3. Coupons/compensation is provided back to the seed for each eligible recruit
4. Recruits bring valid coupons to the study site. If eligible, they are interviewed.
5. Participants are offered chance to recruit others. Those who agree are trained and given three coupons.
6. Seeds/Recruiters are rewarded for every person enrolled and interviewed.

Seeds are selected by the following criteria: individuals who know about the IDU situation in their community, know other IDUs and are respected/trusted by other IDUs. Seeds should be diverse with respect to demographic factors, geographic factors and drug(s) used. Seed selection need not take place only at the beginning of the study.

The participants will receive $20.00 for the survey and $10.00 for each of up to three eligible recruits. Recruits must present the coupon. Coupons link the recruits back to the person who referred them. The referee must later return to get their compensation.

IDU sampling goals are: study period begin late February, 2005 until 500 eligible IDUs are recruited and enrolled. Recruitment will be paced in order to: maximize recruitment from all possible geographic locations and networks; prevent overcrowding of the recruitment sites; capture seasonal variations in drug use; and reduce the burden on NHBS-IDU staff.

Interviewers will escort participants to a mobile unit, office, or other private location. There, the interviewer will explain the study, obtain verbal informed consent, administer the questionnaire (25 minutes) and train individual to recruit others. The survey is anonymous.

The challenges of the IDU sampling are: inherently illegal behaviors, interviewer safety concerns, potential interview sites may not be accessible or acceptable to all IDUs, scheduling logistics, out of treatment vs. in treatment, determining eligibility.

Some of the information to be collected from the survey instrument are: drugs used in the past 12 months, shared needles/syringes in the past 12 months, where needs were obtained, shared drug equipment in the past 12 months, frequency of injecting drugs, types of sharing partners, sexual behaviors with IDU and non-IDU, use of needle exchange services, prevention services indicators, HIV testing indicators and attempts to undergo drug treatment.

The principal activities to implement the study are: identification of field sites for interviews, identification of seeds, establishing process for reimbursement for referrals, tracking recruited sample, developing local questions and providing adequate referrals.

Nina Harawa can be contacted at (213) 351-8654 or Gilbert Bazan can be contacted at (213) 351-8196 for details on how to contribute to the development of the NHBS project. The next community advisory board meeting is scheduled for Friday, January 14, 2005 from 10:00 AM to 12:00 Noon at 600 S. Commonwealth Avenue, Los Angeles on the 19th Floor in the Large Conference Room.

QUESTION: (Jeff Bailey) Given the injection drug use in Los Angeles is very different, are you also able to look at people who use substances that do not inject?
ANSWER: No. We do look at all of the drugs somebody would use but to be in the study they would have to be an injection drug user.

QUESTION: (Jeff Bailey) The person you identified as the "key seed" would be eligible to earn incentives, how about the person actually accesses the services?
ANSWER: The seeds are the people you start out with but anyone who enrolls in the project has the opportunity to recruit up to three more people. The only exception is towards the end when we know we are reaching that 500 mark.

QUESTION: (Rose Veniegas) What would be a rough idea of some of the venues where MSM's participate in unprotected anal sex?
ANSWER: We have gathered the data but have not looked at it.

QUESTION: (Kathy Watt) Can the IDU's be without the needle (to incorporate the guys who shoot Meth in their rear without the needle)?
ANSWER: No, but that is a good point and we can bring that up.

QUESTION: Can not hear the question/voice on the tape.
ANSWER: In general, we have 13 different areas where we want to set up and that can change.

QUESTION: (Mario Perez) A new program is being launched in Los Angeles County. The State of California has recently launched a satellite syringe exchange program, which will enable us locally to train health educators who are active injectors to take prevention messages to folks who they are exchanging syringes for. The program is in its infancy but I think there may be some opportunities along the road for Los Angeles County to differentiate the risk profile of active injection drug users who they themselves go to needle exchange programs vs. the risk profile of active injectors who rely on someone else to bring them their works. The premise is they are not exposed as much to prevention messaging or the other referrals systems in place at an established needle exchange program. Do you think at some point, there may be an opportunity to do some surveys between primary and secondary needle exchange participants?
ANSWER: That is a great point. Maybe this survey will help us understand because we are not limiting the survey to people who just go to needle exchange. We are attempting to obtain a representative sample of all injection drug users. We will be asking questions about secondary exchange in the survey.

VIII. NOMINATION/ELECTION OF PPF MEMBERS TO COMMISSION ON HIV HEALTH SERVICES (CHHS) SEATS

Jeff Bailey reported the CHHS is under a restructuring process and the PPC needs to nominate a member from the PPC to the CHHS. Vanessa Talamantes indicated the PPC currently has three voting members on the CHHS and as a result of the restructuring the PPC will have one non-voting seat. The PPC can recommend three members to the CHHS (one non-voting seats and two additional non-voting seats).

Mario Perez reminded the body that the PPC made a recommendation to have Commissioners serve on the PPC with full voting privileges.
QUESTION: (Mario Perez) Are those the two or three Commissioners in addition to the PPC members who serve on the CHHS or would those serve on both bodies?
ANSWER: (Kathy Watt) I thought we wanted additional members so that we had more people participating in both in carrying the message back and forth with greater representation. I applied to the CHHS for the SPA seat; however, I was placed in the PPC non-voting seat on the CHHS. As far as I am aware of how the CHHS has their seats allocated, there is no other space for PPC.

COMMENT: (Vanessa Talamantes) When we voted, the agreement was there was going to be an effort to make sure that whether it was a SPA seat or in a supervisoral seat, there was going to be an effort to [have] those seats be filled by PPC members.

QUESTION: (Richard Zaldivar) There has not been any work done on the Policies and Procedures, any way, right? To identify what that process is going to look like.
ANSWER: The CHHS Policies and Procedures have been changed but the PPC Policies and Procedures have not been changed.

COMMENT: (Richard Zaldivar) I would imagine whatever recommendations should go to the PPC Operations subcommittee so that kind of input in the policies is changed to adhere to whatever the CHHS wants to do.

COMMENT: (Diane Brown) Our understanding is that there would be a PPC member that we selected for the CHHS seat and that the Operations subcommittee would try to recruit two CHHS members to participant on the PPC. This has not taken place because we were waiting for whatever happens with the restructured CHHS body. At that point, the PPC would extend an invitation to the CHHS to send at least two CHHS members to sit on the PPC.
COMMENT: (Richard Zaldivar) The question is whether or not we take the lead from the CHHS or the PPC takes the leadership and indicate how the PPC wants this to work.

COMMENT: (Mario Perez) I think we would be best served with moving forward with our recommendation to have Commissioners join the PPC, irrespective to the action that they take.

QUESTION: (Mario Perez) For the existing Commissioners, who are also PPC members, do you know the status or was the application submitted to serve on the CHHS independent of your membership on the PPC, as in the case of Kathy Watt?
ANSWER: (Kathy Watt) I submitted my application totally independent of seating on the PPC.
ANSWER: (Elizabeth Mendia) I did not. I was waiting to see the interest of members of this body interested in becoming members of the CHHS. At this point, I am not interested in submitting an application. What I am understanding is there is going to be two voting seats filled by two individuals on the PPC (Vanessa Talamantes and David Giugni).

QUESTION: (Elizabeth Mendia) As it stands right know, we may have Kathy Watt as the PPC representative in a non-voting seat and the CHHS committed to two of the other seats filled by people who also sit on the PPC. One of those seats is David Giugni who sits on the Commission and is there another member of this body who is going to be on the CHHS? Are you going to be on the CHHS?
ANSWER: (Vanessa Talamantes) No.

COMMENT: (Kathy Watt) I do not think there is another one and I did not apply for the PPC seat that is where they put me.

QUESTION: (Vanessa Talamantes) No other PPC member applied or plans to?
ANSWER: (Mario Perez) I think we should make a recommendation that a PPC member serve on the CHHS. We obviously want to await the outcome of Kathy Watt's appointment but I do not think that we should act passively and rely on the CHHS appointing Kathy to the PPC seat when she is acting independently of this body. I endorse Kathy Watt's appointment but it is better to have as many members serve from this body on the CHHS.

COMMENT: (Kathy Watt) I think we have made a lot of progress but it has taken all of us from the PPC being in the CHHS meetings to carry the prevention message.

QUESTION: (Richard Zaldivar) It seems to me that regardless of how we want to nominate and elect someone to represent the PPC on the CHHS, is the CHHS By-Laws reflective of what we want to do?
ANSWER: (Vanessa Talamantes) The nomination would be taken into consideration, so technically, if the PPC recommends someone, the CHHS can say that person does not fit.

QUESTION: (Manuel Cortez) If there is someone on the PPC who wants to be a member of the CHHS, they will just be endorsed by the PPC as a recommendation for that seat?
ANSWER: (Vanessa Talamantes) The CHHS asked the PPC to submit a recommendation.

QUESTION: (Richard Zaldivar) Has the PPC seat already been filled? Or is it for a different seat?
ANSWER: (Vanessa Talamantes) No.

COMMENT: (Mario Perez) There is one non-voting PPC seat on the CHHS. There was also a call for applications for a number of seats, which are vacant. Kathy Watt submitted an application for one of the vacant seats (not specifically the PPC seat). It appears the CHHS may have acted on it own and said

Kathy Watt is a PPC member, take her application, and fill the seat. I encourage the PPC to submit a formal recommendation to the CHHS for the PPC member that should serve on that body and the CHHS would be forced to act on the status of Kathy Watt's application to that body.

QUESTION: (Richard Zaldivar) Can I ask the chairs for their input with you knowing the composition of the CHHS, what would strategically look good for us to nominate from this body?
ANSWER: (Jeff Bailey) It would advantageous for the PPC to nominate anyone other than Kathy Watt or David Giugni.

QUESTION: (Jeff Bailey) Gordon do you serve in any capacity on the CHHS or is that an advisory position?
ANSWER: (Gordon Bunch) There is a seat allocated to the Office of Health Assessment. HIV/EPI is under the Office of Health Assessment.

QUESTION: (Jeff Bailey) Are there any seats from Alcohol and Drug Programs Administration (ADPA)?
ANSWER: No.

COMMENT: (Jeff Bailey) I think the PPC recommendation is to submit the name of an interested PPC member that is independent of those individuals who have previously submitted applications.

COMMENT: (Elizabeth Mendia) I am alright with submitting my name, if anyone cares to nominate me; however, I would not want to be selected for the non-voting seat and not have Kathy Watt on the CHHS.

Jeff Bailey reiterated the PPC needs to put some names on the table and keep that open for 30 days and select that person at the February 3, 2005 PPC Meeting.

QUESTION: (Gordon Bunch) Is it inappropriate to ask who other than Elizabeth Mendia is interested?
ANSWER: (Jeff Bailey) No, it is not inappropriate to ask.

COMMENT: (Gordon Bunch) Then that is my first question.

QUESTION:(Jeff Bailey) In addition to Elizabeth Mendia, are there any other individuals that would be interested in serving in that capacity?
ANSWER: (Mario Perez) I am.

QUESTION: (Vanessa Talamantes) Is there anyone else?
ANSWER: I would support forwarding Mario's name and I would second (Richard Zaldivar).

QUESTION: (Jeff Bailey) According to our rules of activity (Robert's Rues of Order, Brown Act), is it required that we keep this open for 30 days or can we submit this name as of today? Is it required Diane?
ANSWER: Yes, it is.

QUESTION: (Richard Zaldivar) If we agendize the nomination/selection, do we really have to keep it open for 30 days?
ANSWER: (Mario Perez) I would encourage us to keep it open for 30 days.

COMMENT: (Jeff Bailey) So I hear two names: Elizabeth Mendia and Mario Perez.

QUESTION: (Kathy Watt) Did they actually say that you have 30 days because we got this late at the last meeting and I am wondering if this invite is an honest invite or them covering their basis? We were told at the meeting next week, there are going to say here is the slate.
ANSWER: (Jeff Bailey) I don't think we and I personally have not received any communication regarding the time line.

QUESTION: (Richard Zaldivar) So you are saying Kathy, there is a timeline.
ANSWER: (Kathy Watt) Yes. In our last packet, it was stated the decision would be made in either March or April.

COMMENT: (Kathy Watt) I think someone else should consider because the PPC should put forward a few names. The best way to get more people is to give them more options. There are other places where people can fit. Their whole thing is if they have one person "that can wear more than one hat".

COMMENT: (Elizabeth Mendia) I think this body would be best served to have Mario represent this body and I withdraw my nomination.

COMMENT: (Jeff Bailey) I guess what Kathy is saying is if we submit your name, there may be another hat that you could wear that they may place you into where you may have voting privileges and as a representative of this body, you would be serving both bodies.

COMMENT: (Elizabeth Mendia) My concern is part of their selection process includes weighing a number of criterion including a strong need to elect HIV+ individuals and I think my status as an HIV+ person might put me at a greater chance of obtaining a seat and I don't want that to happen.

COMMENT: (Jeff Bailey) But it would be a non-voting seat so therefore might not count. So they may want to place you in a voting category rather than a non-voting.

COMMENT: (Mario Perez) I feel the obligation to share the rationale for nominating myself for the CHHS seat. It is certainly not to discourage any PPC member from throwing their hat in the ring. Given the evolution of CHHS rules over the past few years, I would be precluded from being a voting member on the CHHS. My purpose would be to further our local HIV prevention agenda in the context of our delivery of care services. I have served previously on the CHHS and am familiar with its role, responsibilities, and functions. I think this is an opportunity for me to make some recommendations that will improve our overall HIV prevention.

COMMENT: (Jeff Bailey) So regardless, we have 30 days to keep this process open and with your permission Elizabeth, we would like to keep your name on the slate.

COMMENT: (Gordon Bunch) I would like for us not to try to strategize this. If you are interested in serving on the CHHS, state your interest.

IX. 2005 PPC MEETING STRUCTURE UPDATE

Jeff Bailey reiterated to the group the recommendation resulting from the Annual Planning Meeting and updated the group. Due to a delay in obtaining the final draft of the Prevention Plan in a print format and CD-ROM, the Executive subcommittee decided to forward a recommendation to the Director of OAPP to commence the new meeting structure effective April, 2005. February should give us plenty of time to have the Prevention Plan complete and we can roll it out to the community at a PPC meeting. We also realize there are some ongoing discussions regarding the delivery and provisions of services in certain geographical areas and certain behavioral risk groups.

We move forward with commencing our new meeting structure effective April 1, 2005. The February, 2005 PPC meeting will begin at 12:00 noon in order to allow people to avoid traffic and to make sure children can be picked up on time.

X. COMMUNITY CO-CHAIRS REPORT

Jeff Bailey reported to PPC Co-Chairs will be meeting with the CHHS Co-Chairs on the last Monday of this month. At that point, an ongoing collaborative meeting structure/process will be established.

Jeff Bailey, Vanessa Talamantes and Mario Perez have been invited to the California State HIV Prevention Summit, which will happen in February, 2005. The next UCHAPS Meeting is scheduled in February, 2005 in Chicago and UCHAPS has extended an invitation to Washington, D.C. to join as a member. Kathy Watt will be our alternative member who is scheduled to attend UCHAPS.

Jeff Bailey thanked everyone for Public Comment and informed the group, the PPC does not respond to specific agency contracts.

XI. GOVERNMENTAL CO-CHAIR REPORT

Mario Perez reported the review and awarding of resources to continue providing HIV prevention services have been completed. Los Angeles County relies on the PPC to plan for a comprehensive HIV prevention response, rely on the PPC to set priorities and make recommendations for who should be served by the funded programs, and we rely on the PPC to make recommendations to the Office of AIDS Programs and Policy (OAPP) to improve HIV prevention countywide. Mr. Perez also reminded the group that OAPP is not the only source for HIV prevention resources. Multiple sources of funding are needed to meet the Los Angeles County HIV prevention needs.

OAPP instituted an internal review process to look at a number of areas of compliance and responsiveness by prevention programs and that was factored into the overall recommendations for prevention funding. This was found to be consistent with County standards by the Auditor-Controller. If individuals and/or agencies have questions about the process, you are encouraged to review the Auditor-Controller's Report on the OAPP Review Process. The report clearly articulates the steps taken and how OAPP got to the recommendation stage. OAPP received a record number of proposals and record level of funding requests. Given the volume of requests, there were quite a number of programs that did not successfully bid for HIV prevention services.

At the last PPC Executive subcommittee meeting, OAPP committed to share with the PPC and conduct a review of the process, with a review of how recommendations were made ultimately. I will share that OAPP had to balance the distribution of resources by Service Planning Area (SPA), by behavioral risk groups (BRGs), with a consideration of persons living with HIV and youth within four of the BRGs. This task became extremely difficult. In the end, the set of recommended programs is consistent with the recommendations made by the PPC in terms of SPA distribution, and based on BRG recommendations. The level of solicitations does not always match the proportion of funding by BRGs.

The report OAPP will provide to the PPC will also mirror a report OAPP will share with all new successful bidders. OAPP will be hosting a formal successful bidders conference on Tuesday, January 25, 2005 at St. Anne's to review a number of contract and program related requirements and expectations. During this conference, the set of programs OAPP has recommended will be reviewed. There is not yet a decision on category 5.

QUESTION: (Gordon Bunch) You mentioned the Auditor-Controller's Report, where would people access the Auditor-Controller's Report?
ANSWER: (Mario Perez) I would call the Auditor-Controller's Office.

COMMENT: (Kathy Watt) It's on-line, on the county's website. Go into Auditor-Controller. The address was given at the last CHHS meeting.

QUESTION: (Kathy Watt) So what you're saying is, given the breadth of the County and the 8 SPAs, there were not proposals to serve MSMs representing the whole county? Or something similar to that?
ANSWER: (Mario Perez) No. There was a paucity of MSM proposals compared to the proportion of resources OAPP was prepared to invest for MSM but there were proposals that proposed to serve MSMs for every SPA and every racial/ethnic group and for HIV+ MSMs and young MSMs.

QUESTION: (Bambi) I did understand your response in regard to the process of reviewing and selecting, how is it to be ensured that the Latina transgender population is represented? How would that process be? Who is going to make a decision (since transgender is no longer MSM and is a BRG)?
ANSWER: (Mario Perez) I did not imply that transgender were MSM and apologize if that was misunderstood.

COMMENT: (Bambi) My question is regarding Transgender representation and to ensure Transgender's are going to be considered in this process
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COMMENT: (Mario Perez) The recommended programs, the programs that took effect January 1st are consistent with the PPC's recommendations for both. The recommendation that was forwarded by the PPC to OAPP, OAPP embraced that level of funding (increased from years past). I understand that the investment made for all BRGs is consistent with the level expected by the PPC. I know we are not in a

position where transgender funding in SPA 4 is absent. There are multiple programs, which have been funded for transgender in SPA 4. I am not prepared or willing to go into the specifics about a specific agency's application in a specific SPA for a specific service.

I was particularly struck by the L.A.P.D.'s public comment this afternoon. I would challenge us to increase the opportunities for the pilot of prevention services. I would challenge the L.A.P.D. to make an investment in HIV prevention services.

The California HIV Planning Group (CHGP) responsible for planning prevention and care services statewide is currently accepting applications for membership. I would encourage all of the PPC members to submit membership applications for the CHGP. The state CHPG meets at least three times per year. The due date for CHPG applications is January 14, 2005.

There was a motion made by the PPC (which answered a number of questions). It was felt by the PPC that patrons of commercial sex venues have HIV prevention services available. It is important to identify additional resources to support HIV and STD prevention in the venues. The Board of Supervisors adopted a modified county ordinance, which made this a requirement. The ordinance was forwarded to the City of Los Angeles, who is responsible for providing licenses to operate the venues within the city limits. As I understand, they have not acted formally on the ordinance but it will be deliberated sometime in January, 2005. I suspect at that point, there will be more discussion about the level of programming, the level of training, and the appropriate oversight to make sure that is happening.

The prevention RFP purposely did not consider HIV prevention services in commercial sex venues mainly because of the deliberation at both the city and county level. It was still unclear what level of resources would be invested either by OAPP, Public Health, by the Department, by the City of Los Angeles, or by the Commercial Sex Venue owners themselves. This is a high priority item for the Public Health Department. AHF was funded to provide counseling and testing through the end of the year and APLA was funded to implement a popular opinion leader model program in the Commercial Sex Venues (a separate set of resources to coordinate the delivery of a broad range of services with a number of CSVs) was supported by Public Health through the end of last year 12/31/03. As of last week, the contract has sunset. I will make sure Scott Campbell's inquiries are responded to.

QUESTION: (Kathy Watt) Does that mean as of January 1st, unless you are otherwise funded, there is no prevention in the eleven sex club venues?
ANSWER: (Mario Perez) As of January 1st, there is no OAPP supported services in the commercial sex venues. There may be agency-supported services, there may be volunteer services, there may be commercial sex venue supported services, there may be other public health program supported services, there may be private foundation supported services but there are no OAPP funded services as of January 1st.

QUESTION: (Toni Fredericks) It sounds like these programs were funded based on a matrix the PPC developed, is there going to be any evaluation of whether or not this matrix works by the PPC? Will the PPC be able to look at what OAPP funded and decide whether or not this matrix worked in terms of funding those programs out there that need to be funded?
ANSWER: (Mario Perez) I think that is a question for all of us not just me. I can provide a response.
ANSWER: (Jeff Bailey) That is one of our chief responsibilities. First of all, we need to identify whether or not there are any gaps in the provision of services and those gaps are not just as a result of funding that stems from OAPP but funding that comes directly to us from the CDC, funding that perhaps comes from the City of West Hollywood, the City of Long Beach, the City of Pasadena so there are multiple funding revenue areas that we take a look at. When there are gaps, the PPC Evaluation subcommittee will be examining a BRG that we have not looked at great deal. Part of our ongoing process is to look at trends and to look at gaps, to make recommendations when new revenues come in to fund certain programs (for example: in the past, we have funded Faith-Based initiative programs when new funding comes in). The CSV initiative was a result of new funding that came in.

QUESTION: (Toni Fredericks) So there is a timeline, so that when the next round of funding comes up, you can come up with a different matrix?

ANSWER: (Jeff Bailey) The current programs as I understand are for two years. The current funding is for two years but that does not preclude agencies to renegotiate scopes of work (at the end of one year if there are any strategy that needs to be employed) but these are two-year contracts that programs will have. The current Prevention Plan that will be launched in February is a five-year plan. In the past, we have made amendments to the Prevention Plan to be responsive to trends.
ANSWER: (Mario Perez) The current contracts are in place until 2006 with the option of two one-year renewals. If programs continue to perform and meet their objectives of our prevention response, the contracts could extend until 2008. In two years is the first time we will take a look at program performance and make decisions about renewal.

COMMENT: (Richard Zaldivar) My position is the City of Los Angeles needs to cover the cost of the CSV.

COMMENT: (Gordon Bunch) Mario, you made the remark that at one time the PPC voted to support the additional resources and I want to go on record as saying, to me when I voted that way, additional meant additional resources to CDC prevention funds being applied to prevention activities in bathhouses and not additional meaning that we would identify other sources as a substitute for the use of CDC prevention funds. I am concerned about the gap in prevention services in Commercial Sex Venues. I have always supported the need for those services and I am concerned that we are turning our back on an activity and an opportunity to really have an impact in a high-risk population.

COMMENT: (Richard Browne) We had a discussion at the subcommittee level and my comment was let's not commit money until we find out what is out there in terms of the CSV owners putting some money in the pot. I did not think we voted to end the prevention services in the CSV. I thought we were voting to wait and take a look and if we needed to put resources in, we would use our resources.

COMMENT: (Kathy Watt) Compile a list of OAPP funded and other funded prevention programs for us and for the public. I think we need to have another subcommittee. As far as prevention goes and looking at the CSV issues, we need to get a group together to find out what is going on in the CSVs.

COMMENT: (Jeff Bailey) Given that the City of Los Angeles has not identified their response to the CSV ordinance and now there is a gap in the provision of services. It is my understanding that the license fee is going to be about $500.00 per club. I would support Kathy Watt's recommendation to see if we can develop a group or task force to take a look at this issue.

MOTION: (Richard Zaldivar) It is 4:50PM, I motion that the meeting be extended 15 minutes. Motion seconded by Sergio Avina. Is there consensus to extend the meeting? Yes.

COMMENT: (Rose Veniegas) About 2/3 of the interventions recommended by the PPC target high-risk individuals in not so high-risk settings. The subcommittee that is being formed should not be solely concerned with CSV issues but should address high-risk behavior in venues where high-risk is known to occur.

MOTION: (Rose Veniegas) I move that the PPC form a subcommittee or work group to address the issues of high-risk behaviors in high-risk venues (including CSVs, bars and clubs, internet, and other high risk public cruising areas identified as risk venues). Jeff Bailey seconded the motion.
The motion passes by consensus.

COMMENT: (Gordon Bunch) To ensure that we are not making a structural change in our subcommittees, we identify this group as an "Ad-Hoc" group.

QUESTION: (Mario Perez) Can we create a list of work group members at this time?
ANSWER: Elizabeth Escobedo recorded the following names of individuals interested in participating in the "Ad-Hoc" High Risk Behaviors Group: Jeff Bailey, Jeffrey King, Mario Perez, Vanessa Talamantes, Chi-Wai Au, Sergio Avina, Richard Browne, Richard Zaldivar, Gordon Bunch, Manuel Cortez, Ricki Rosales, Rose Veniegas and Kathy Watt.

Mario Perez announced Dr. Ijeoma Nwachuku has left OAPP and will no longer be part of the Needs Assessment.

The Federal budget has passed and OAPP has learned that a .8% cut to the DVD HIV Cooperative Agreement, which equates to about $150,000. We will be looking for areas to offset that cut. The annual CDC Report is due to the CDC on March 31, 2005 for the 2004 calendar year.

QUESTION: (Rose Veniegas) Do we also have an upcoming CDC site visit?
ANSWER: (Mario Perez) Dr. Bernie Bransom will be visiting tomorrow morning to review Rapid Testing issues. I would encourage the PPC to place a Rapid Testing update on next month's agenda. The second visit scheduled with the CDC is regarding our Advancing HIV Prevention Partners. The CDC will be scheduling this visit to meet with programs to check on progress and to meet with the Executive Directors of Programs to share the federal perspective on PCRS and routine rapid testing.
ANSWER: (John Mesta) The jurisdictional site visit with CDC directly funded agencies and the two locally funded CBAs will probably be rescheduled for March or later.

QUESTION: (Sergio Avina) Mario, do we know anything about the progress of the HIRS system?
ANSWER: (Mario Perez) We will provide an update on January 25th. I will give you a brief update. The HIV Information Resources System (HIRS), which has five components, one of which is Prevention. We have developed the counseling and testing piece of the HIRS program, it is a new program that will allow all of our counseling and testing providers to input data, generate invoices, and generate reports in a way that will eliminate the need for forms. There are still some bugs with the counseling and testing billing portion of the system. Because the system will allow programs to generate contracts and budget specific invoices, all of the new programs need to get all of the new contract numbers and populate them into the system to allow providers to input any activity. The Health Education/Risk Reduction portion of the program, there have been a number of sessions outlining the variables that we want to include and make mandatory, consistent with the program design or the BRG being served. OAPP will provide more information at the January 25th meeting.

XII. SUB-COMMITTEE REPORTS

- **Operations –** Kathy Watt reported the Operations subcommittee prioritized their Work Plan. The top items are Outreach and recruitment, development of mentors/mentoring program for members and people to be mentored into leadership, continue to work on Policies and Procedures, examine more activities that will bring youth into the fold and wanting to participate.
- **Evaluation –** Gordon Bunch reported at the last meeting OAPP reported there would not be a CRAS survey for 2005. During 2005, the previous 4 years of CRAS data would be analyzed and CRAS survey would resume in 2006. The Needs Assessment was discussed.
- **Standards & Best Practices –** Rose Veniegas reported the Standards and Best Practices subcommittee continues to work on the work plan developed at the Annual Planning Meeting. The Standards and Best Practices subcommittee would like to plan for a mid year summit (similar to the community forum held at Patriotic Hall last year) after the Community Needs Assessment data is released. Another task discussed was to begin to identify the program needs for the newly funded prevention contractors.
- **Commission on HIV Health Services (CHHS) Report –** Kathy Watt reported 2/3 of the meeting was about the outcome of the Prevention contracts. The proposed slate of new CHHS seats was discussed. The CARE application was discussed.

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XIII. ANNOUNCEMENTS

- Jeff Bailey announced there are two positions open at the L.A.G.L.C. If anyone is interested, please contact Jeff Bailey.
- Chi-Wai Au announced a planning meeting for the HIV Youth Conference scheduled for the end of April, 2005. The Planning meeting is scheduled for January 10, 2005 at Reach L.A. from 3:00 PM to 5:00 PM.
- Manuel Cortez announced he is no longer with AltaMed and provided his new contact information.
- Sergio Avina announced the South East Los Angeles Classic Health Fair and Softball Tournament scheduled for February 19th at Salt Lake Park in Huntington Park.

- Rose Veniegas announced abstracts are due for the National HIV Prevention Conference, January 17th on their website.
- Richard Zaldivar requested a moment of silence for victims of the Tsunami.

XIV. STATE SURVEY

John Mesta distributed the State Survey to PPC Members and requested completion.

XV. CLOSING ROLL CALL

XVI. ADJOURNMENT – Meeting adjourned at 5:35 PM.
Note: All agenda items are subject to action.

NOTE: All HIV Prevention Planning Committee (PPC) meeting summaries, tapes and documents are available for review and inspection at Office of AIDS Programs and Policy (OAPP) located at 600 South Commonwealth Avenue, 2nd Floor, Los Angeles, CA 90005. To make an appointment to review these documents, please call Cheryl Williams at (213) 351-8126.

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